

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. 1019774392 | FILING DATE | |
|---|----------|-----|------------------------|-----|------------------------|-----------------------|-------------|-----|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND | 1 | 1 | | | | | | |
| TOTAL DEP | 3 | 1 | 1 | 1 | | | | |
| TOTAL CLAIMS | 4 | | | | | | | |

BEST AVAILABLE COPY